



POINT-OF-ENTRY DISINFECTANT RESIDUAL MONITORING DATA

(Transfer data from this page to: LT1-ESWTR Summary Section A, Subsection 4-SFN 54272)

North Dakota Department of Health

Division of Municipal Facilities

SFN 54276 (5/2005)

Public Water System (PWS) Name		PWS Number ND _____	
Sampling Location (1)		Disinfectant Type (2)	
Month	Year		

NOTE: This form must be completed for EACH Point-of-Entry disinfectant residual monitoring site. Refer to the instructions for additional information regarding the items denoted by a number within parenthesis.

Date	Time of Day						Lowest Disinfectant Residual Concentration (mg/L) at Point-of-Entry to Distribution System (4)	No. of Hours that Disinfectant Residual was Less than 0.2 mg/L (5)
	Disinfectant Residual mg/L							
	12 M	4 AM	8 AM	12 N	4 PM	8 PM	12 M	
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Submit this report to the Division of Municipal Facilities within 10 days after the end of each month that the system provides water to the public.

Division of Municipal Facilities
918 East Divide Avenue, 3rd Floor
Bismarck, ND 58501-1947